

## Research in Family and Community Medicine in Ibero-America

### Pesquisa em Medicina de Família e Comunidade na Ibero-América

#### *Investigación en Medicina Familiar y Comunitaria en Iberoamérica*

Noris Margarita Serrudo de Domínguez. Gobernación del Estado Zulia Secretary of Health; Ibero American Confederation of Family Medicine Wonca-Iberoamericana-CIMF; Family Medicine Center Padilla. Venezuela. norisserrudo@gmail.com (*Corresponding author*)

Jacqueline Ponzó. Universidad de la República, Facultad de Medicina (UDELAR); Red IBIMEFA, Wonca Iberoamericana-CIMF. Uruguay. ponzo4@gmail.com (*Corresponding author*)

José Manuel Ramírez Aranda. Universidad Autónoma de Nuevo León (UANL); Hospital Universitario "José Eleuterio González"; Mexican Network of Family Medicine Researchers AC. Mexico. sersabe2010@gmail.com

Carla Alexandra Argudo Haro. Family Health Center San Joaquín, Family Health Department Universidad de Chile; Facultad Medicina. Ecuador. carliarg@yahoo.com

Miriam Elisa Riveros Ríos. Facultad de Ciencias Médicas, Universidad Nacional de Asunción; Family Medicine Santa Rosa Branch. Paraguay. melisarr76@hotmail.com

Pablo Vargas Villarreal. Caja Costarricense del Seguro Social; Universidad de Costa Rica. Costa Rica. pavavi@gmail.com

Juan Víctor Ariel Franco. Hospital Italiano de Buenos Aires; Centro Cochrane - Instituto Universitario del Hospital Italiano de Buenos Aires; Universidad de Buenos Aires. Argentina. juan.franco@hospitalitaliano.org.ar

Sergio Adrián Terrasa. Service and Research Department at Hospital Italiano de Buenos Aires; Public Health Department at Instituto Universitario Hospital Italiano. Argentina. sergio.terrasa@hiba.org.ar

Juan Carlos Perozo García. Universidad Nacional Experimental Francisco de Miranda (UNEFM); Teaching Integration Department, Biomedical Research Center (UNEFM); Sociedad Venezolana de Medicina Familiar (SOVEMEFA). Venezuela. jucape33@gmail.com

María Cristina da Costa Días. Sociedad Venezolana de Medicina Familiar (SOVEMEFA); Military Ambulatory Medicine. Venezuela. cristydacosta@yahoo.com

Fausto Gady Torres Toala. Makroskopio Servicios de Salud Cia Ltda; Universidad Católica del Ecuador. Ecuador. gtorres@makroskopio.com

Roberto Flete González. Hospital General Engombe. Dominican Republic. robertoflete@gmail.com - fleteroberto@hotmail.com

#### **Working Group**

Abril Collado RO (Perú); Avila A (Colombia); Bermúdez GA (Venezuela); Caballero L (Argentina); Cardozo de Angulo RA (Venezuela); Colon González MC (Puerto Rico); Cordero Tapia PA (Bolivia); da Silva AL (Brasil); Domínguez Serrudo NV (Venezuela); Ehlerman Escalante CC (El Salvador); Esteban S (Argentina); Gavilanes Cueva YP (Ecuador); Germosen Almonte YR (República Dominicana); Gloria Cristina Cordoba Currea GC (Colombia); Homero de los Santos Reséndiz H (México); Karen Vanessa Muñoz Chamorro KV (Colombia); Luna-Ruiz MA (México); Martínez-Bianchi V (Argentina); Meaux JA (Puerto Rico); Mejía M (Venezuela); Morón Vázquez A (Venezuela); Munive Angermuller M (Costa Rica); Olinisky Bentancor MM (Uruguay); Patricia Elizabeth Hernández Coronado PE (Bolivia); Paulo A (Uruguay); Paz NA (Honduras); Piñol Moreso JL (España); Ramírez Nizza R (Paraguay); Rava Dellepiane P (Uruguay); Rivera P (Panamá); Rodríguez Escobar MA (Colombia); Rojas Velasco GW (Ecuador); Trindade TG (Brasil); Vietto V (Argentina)

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## Abstract

In order to contribute to the development of research in Family Medicine and Primary Care in Ibero-America and the consolidation of the IBIMEFA Network, the Work Group #4 was created for the VI Ibero-American Summit of Family Medicine in San José, Costa Rica, 2016, which was composed by a group of 54 family physicians from 21 countries. Two general coordinators and 10 subgroup coordinators were designated. The work developed by this group throughout an 8-month period has resulted in the identification of both active and priority research lines in Family Medicine and the need to develop strategies for the promotion of scientific production, such as: a) the development of research internships across the different regions, b) the identification of sources of financing; c) the design of a virtual platform with support for consultancy and research forums coordinated by IBIMEFA.

### Keywords:

Research  
Family medicine  
Primary care  
IBIMEFA

## Resumo

O grupo de trabalho nº 4 da VI Cúpula Ibero-Americana de Medicina Familiar em San Jose, Costa Rica de 2016 se organizou para colaborar com o desenvolvimento da pesquisa em Medicina de Família e Atenção Primária na Ibero-América, assim como consolidar a Rede IBIMEFA. Foi composto por 54 médicos de 21 países. Dois coordenadores gerais e 10 sub-coordenadores foram nomeados para organizar os cinco subgrupos. O trabalho realizado durante oito meses por este grupo obteve como resultado a identificação de linhas ativas e prioritárias de pesquisa em Medicina de Família e a necessidade de serem estabelecidas estratégias para promover a produção científica tais como: a) implementação de estágios de pesquisa em diferentes regiões; b) identificação de fontes de financiamento; c) desenvolver uma plataforma virtual, dar suporte para consultoria e realizar fóruns de pesquisa coordenados pela IBIMEFA.

### Palavras-chave:

Pesquisa  
Medicina de família  
Atenção primária  
IBIMEFA

## Resumen

El grupo de trabajo # 4 de la VI Cumbre Iberoamericana de Medicina Familiar en San José, Costa Rica, 2016 se conformó para lograr contribuir al desarrollo de la investigación en Medicina Familiar y Atención Primaria en Iberoamérica, así como para consolidar la Red IBIMEFA. Estuvo integrado por 54 médicos de 21 países. Se nombraron 2 coordinadores generales y 10 coordinadores para dirigir los cinco subgrupos. El trabajo realizado por este grupo durante ocho meses, obtuvo como resultado la identificación de líneas activas y prioritarias de investigación en medicina familiar, la necesidad de realizar estrategias para promover la producción científica, tales como: a) desarrollo de pasantías de investigación en diferentes regiones; b) identificación de fuentes de financiamiento; c) lograr una plataforma virtual, soporte para asesorías y foros de investigación coordinados por IBIMEFA.

### Palabras clave:

Investigación  
Medicina Familiar  
Atención primaria  
IBIMEFA

## Introduction

In the history of the Ibero-American Family Confederation (IFMC) various relevant moments can be identified to promote research in the region: the first Family Medicine Workshop,<sup>1</sup> organized in Cali (Colombia, 2008) adopted the recommendations of the Ontario meeting,<sup>2</sup> *The World Organization of Family Doctors* (WONCA) to foster the research of family medicine and primary care and set the IBIMEFA network.<sup>3</sup>

During the VI Ibero-American Summit on Family Medicine (2011, Asunción, Paraguay), the effort of the research team issued a diagnosis document briefing the difficulties, opportunities, challenges and some recommendations to advance.<sup>4</sup> The Quito Charter - result of the V Ibero-American Summit, suggests promoting research as a key element to keep the professional level of family physicians.<sup>5</sup> In 2015 the Second Ibero-American Workshop of Family Medicine and Primary Care Research took place in Montevideo, simultaneously with the first editor's meeting on family and community medicine (FCM) of the region.

The current document was a result of the VI Ibero-American Summit on Family and Community Medicine framework (San José, Costa Rica, 2016) and triggers the continuation of the summarized processes. It was written during the IBIMEFA Network, and contributes to researchers close contact, fosters the involvement of CIMF member associations with research activities and provides valuable elements for research strategic planning in Ibero-America. The objective is contributing to develop research in Family Medicine and Primary Care in Ibero America and consolidate the IBIMEFA Network as a tool for permanent collaborative actions.

## METHODS

It is the result of an open work team, settled from the CIMF Executive Board's call to member Associations and to the Young Family Doctors Movement (Waynakay). The group included representative people appointed by the association as well as foreign Family Physicians who were connected to Ibero-America and answered the call (US and Denmark).

Doctors from countries that are not currently CIMF members, such as the case of Honduras y Nicaragua, were integrated so as to promote FCM in their nations and their integration to the Confederation. Once the task force was settled, priority lines for research development were defined and from there, the goals set, and five sub groups created. The working process went on for eight months, (September 2015 - Abril 2016) with the participation of 54 medical doctors from 21 countries.

There were 23 virtual meetings and e mail exchange, that included collaborative creation of documents. Once the first phase was over, there was an integrated result analysis and recommendations and conclusions were drawn. During the VI FCM Ibero American Summit held in San José, a workshop was organized and it deepened into some aspects of the preliminary document. Young doctor's from Waynakay family movement had an outstanding participation during the final phase.

Chart 1 summarizes methods and sources for every work objective.

**Chart 1.** Document objectives in sub groups

Work Sub groups	Objectives	Methodology	Data Sources
Diagnosis Updating	Identifying advances and research needs for research development in Ibero-America	Revision of medical history secondary data bases	Previous Summits, Congresses and 2 <sup>o</sup> Research Workshop (Montevideo 2015). Interviews to researchers Researchers Data Base
Scholarships under research	Identifying places and mechanisms for scholarships implementation which are under investigation	Data collection by sub groups members Protocol Planning for Systemic Survey	Interviews to FCM organizations' web sites and Universities
Active Research lines	Describing topics under research by FCM in the Region. Data Compilation of identified research lines leaders	Online Survey	Media campaigning by means of local representatives (spreading by <i>snowball or sampling</i> ) e-mailing and social networking sites (Twitter and Facebook)
Prioritized Research Lines	Identifying research lines that regional FCM group finds a priority	Online Survey	
Financing	Describing Financing Sources supporting regional access and research	Online Survey	

## Results

### The Situation in Ibero-America

The need for strengthening research through networking sites led to WONKA's meeting in 2003. The meeting in Cali, Colombia (2008), with the creation of IBIMEFA, pointed to the increase in research methodology competences. Incentive generation and Family Medicine and Primary Care master's degree creation was of the outmost importance but there was no advance in the mechanisms to fulfill with them.

During the III Ibero-American Summit (Fortaleza, Brazil),<sup>6</sup> the Cali agreements were ratified as well as the importance of spreading knowledge in the region as another strategy to contribute to academic development.

The IV Ibero-American Summit (Asunción, Paraguay)<sup>7</sup> pointed investigation as an strategic axe to develop more efficient and equal health systems. The need for research mentoring was expressed as well without stating at that time, the mechanisms to put it into action in the various centers where research finds its place. The benefit of having a common research agenda for every Ibero-American country was stated as well together with the importance of communicating the results of the investigations to the decision makers.

The V Ibero-American Summit (Quito, Ecuador),<sup>8</sup> outlined the importance of strengthening the use of communication and information technologies for research. Nevertheless, CIMF IT support is still limited and needs a widening of the strategies or action lines to respond to the idea. In 2014, research lines derived from a poll with the participation of 13 countries were the following: Degenerative chronic diseases (diabetes mellitus, high blood pressure, chronic renal disorder) health centers organization, health service evaluation, family health, community health, social determiners, health education and the elderly).

During the 2<sup>nd</sup> Ibero-American Family Medicine and Primary Care Workshop held in Montevideo (Uruguay),<sup>9</sup> within the framework of the 4<sup>th</sup> CIMF Ibero-Americano Congress, data was gathered and a regional research record was created. The record is considered the first step for the necessary data base collection. Thanks to an online form, there was a register of 97 researchers with an average age of 45, (SD 12), 65% women with a 65% of PhD's or master's degrees (80% has completed some kind of formal research methodology). There was a participation of 15 nations, who commented on the interest areas for research as follows: community orientation, chronic degenerative diseases, the effectiveness of educational methods, clinical problems solution competence, health centers organization, preventive view, the elderly care.

Guidelines for the medium and long term were established as follows:

- a) Development of research scholarships in different regions and countries so as to promote scientific interchange, coordination and production;
- b) Identification of financing sources to strengthen and execute the necessary research lines;
- c) Creation of a virtual platform, consultancy support and research forum coordinated by IBIMEFA which should ideally be located at the WONCA Ibero-Americana-CIMF website.

## Ibero-American active research lines

There were 86 entries to the online form since October 22<sup>nd</sup> to November 23<sup>rd</sup> 2015, with representation in 16 countries.

It was discovered that 16% of the active research lines had a methodology approach, that is to say, oriented to the development and improvement of certain activities, (for example; the design of primary care clinical practices guides) while the remaining 84% were headed to practice problems in FCM (ex: primary care approach to domestic or gender violence).

49% reported having financing for the al mentioned research lines.

From the reported research active lines, 15 of them (17%) did not have undergoing research activities; 24 of them (28%) had work under progress and the remaining 47 had already finished them.

Chart number 2 shows active research lines and their countries.

## Priority Research Lines

There were 114 participants in the poll, resulting in 107 satisfactory answers and 7 incomplete or incorrectly answered not considered in the poll. Most of the participants reported either a lack of active research lines (64%) or had not heard about IBIMEFA Network (60%).

**Chart 2.** Family and Community Medicine active research lines in Ibero-America. April 2016.

Research Line Name	Country
Smoking approach	Spain
Physical Activity and Health	Spain
Adjustment and Coordination of PCAT versions in Ibero America	PCAT Ibero American Network
Analysis of Emergency Room´s non urgent consultation	Costa Rica
Family Care	Spain
Women´s care	Spain
Teenage care	Spain
Elderly care	Spain
Bioethics	Spain
Quality of life	Venezuela
Quality life related to health in middle aged women	Cuba
Patient´s quality and safety	Mexico
Cancer	Spain
Minor Surgery and Dermatology	Spain
Post abortion or Death Comprehensive Consultation	Costa Rica
Palliative Care	Spain
Dementia	Spain
Severe Dependence	Chile
Diabetes	Spain
Dyslipidemias	Spain
Sexual Diversity and old age	Uruguay
Eco Scanning	Spain
Efficiency of motivational interview when managing obesity	Panama
Non transmissible chronic diseases	Colombia
Cardiovascular Diseases	Spain
Non Transmissible Chronic Diseases	Venezuela
Infectious Diseases	Spain
Infectious Communicable Diseases	Venezuela
Respiratory Diseases	Spain
Rheumatic Diseases	Spain
Approach on Biological and Psychological risk in adults	Venezuela
Approach on Biological and Psychological risk in children and teenagers	Venezuela
Leptospirosis research on Risk Human Groups environment.	Uruguay
Risk factors and cardiovascular diseases follow up in South American Cone.	Uruguay
Diabetes Report Type 2 Diabetic quality of life test Type-2 Policlinic Hugo-Spadafora April-May 2013	Panama
Test on quality of life in Type 2 diabetes - Polyclinic Diabetes clinic Hugo Spadafora April May 2013	Panama
Evaluation on metabolic Control Goals. Family Medicine Patients with diabetes Policentro de Parque Lefevre 2010-2011	Panama
Risk factors	El Salvador
Family	El Salvador
Human Talent Training in Family Medicine within the region	Colombia
Genetics Clinics and Rare Diseases	Spain

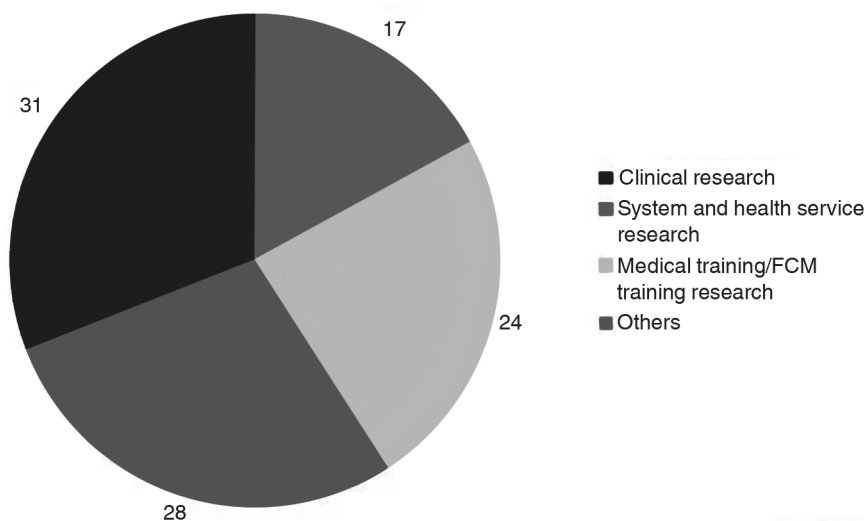
**Continued Chart 2.**

<b>Research Line Name</b>	<b>Country</b>
GIEMFAPS. Family Medicine and Primary Care Strategic Research Group	Venezuela
Level of fulfillment of therapeutic objectives on Type 2 diabetes mellitus patients of FCM Service from Assistance Teaching Unit (UDA) Saint Bois	Uruguay
High Blood Pressure	Spain
International Collaboration to Promote Scholarly Activity Among Young Family Physicians	Colombia
Drugs Intervention	Spain
Educational Health Intervention	Venezuela
Therapeutic Management	El Salvador
Evidence Based Medicine	Spain
Family Medicine as Health System Quality Management Strategy	Ecuador
Family and Community Medicine	Venezuela
Family and Community Medicine	Venezuela
Family Medicine and Public Health	Venezuela
Herbalist Medicine in Comorbid Patients of Family Medicine in Polyclinic Presidente Remón. OCTOBER - DECEMBER 2014	Panamá
Rural Medicine	España
Educational Measures for caretakers´ in old people´s hospital	Paraguay
Multimorbid and its impact on the health system	Brazil
Nephrology	Spain
Neurology	Spain
Nutrition and Diet	Spain
Orientation to PHC Primary Health Care as an strategy to improve quality in the first level	Argentina
Cuaternary Prevention	Peru, Argentina
Primary Care Assessment Tool - PCAT. instrument adjustment and health service evaluation.	Argentina, Bolivia, Brazil, Uruguay
Primary Care Proceedings	El Salvador
Training Programs for Health Teams. On patient education	Venezuela
Education Programs for chronic diseased patients and their families.	Venezuela
Health Services Referral and Counter Referral	Argentina
Health Risks/PHC Training	Venezuela
Emotions based Health	Spain
Family Health and Primary Care	Colombia
Mental Health	Spain
Public Health and Community Medicine	Colombia
Sexual and Reproductive Health	Venezuela
Patient´s Safety	Spain
Sifting	El Salvador
Shared Decision Making and Medicine Centered in People	Argentina
Toxicology and Occupational Health	Venezuela
Transdisciplinary and PHC	Marcelo Salinas Rojas salinasmarc99@gmail.com (Independent Researcher)
Knowledge translation	Argentina
Urgencies and Continous Care	Spain

**Continued Chart 2.**

Research Line Name	Country
Primary Care antibiotics use. HAPPY AUDIT II South America	Argentina, Bolivia, Paraguay, Uruguay y Denmark
Edinburgh Scale use for post partum risk depression in women who gave birth in Florida (Department)	Uruguay
Drugs Usage	Spain
HIV	Spain

The priorities identified are distributed in three similar fractions, with a slight predominance of interest in clinic research (31%), specially in chronic problems that account for 15% of the total. The other fractions are: health systems research (28%), particularly on Health Service Assessment and *Primary Care Assessment Tool* (PCAT) (11%). Finally, 24% points FCM training as a priority within the research (Graphic 1).



**Graphic 1.** Distribution of prioritized research lines according to big areas.

**Comparison of active and prioritized lines**

From the comparative analysis of lines identified as priorities and active lines, there was a big coincidence. The ten lines that obtained the most responses in favor of their prioritization were analyzed and checked if there had been active research for each of them. This crossmatch can be seen on Chart 3. Every of the ten prioritized lines has active research in family and community medicine.

La coincidence found can be interpreted as a sign of coherence between the FCM specialists convictions and their actions in relation to this research.

**Research Scholarships opportunities**

A protocol was written as the basis of the initial survey the purpose of which is deepening and improving IBIMEFA’s continuous work. Its aim was describing the scholarship places with data available on the web, polls or institutions identified for researchers’ scholarship (Chart 4).



**Chart 3.** Comparison between active research lines and prioritized ones in Ibero-America, according to the V Ibero-American Family and Community Medicine Summit (April 2016).

Prioritized ResearchLines*	Response frequency favouring prioritization	% of active lines covering the suggested proposal(coincidence)**
1. Report on chronic diseases in the first level of primary care	16	14.95
2. Family Medicine training	15	14.01
3. Health Service Tests	11	10.28
4. Family Medicine Tools Adjustment and Build	6	5.60
5. Health technology tests according to MBE	6	5.60
6. Technological Health	5	4.67
7. Stress and Quality of Life	5	4.67
8. Family Medicine in Rural Areas	5	4.67
9. Family Medicine as health policy	4	3.73
10. Quaternary Prevention	4	3.73

\* Includes the 10 most relevant lines according the answers of their preference. \*\* This was taken on a total of 86 identified active lines.

**Chart 4.** Institutions offering research scholarships. (n=26)

University	<ul style="list-style-type: none"> <li>• Universidad El Bosque - Bogota Colombia</li> <li>• Universidad del Valle - Cali Colombia</li> <li>• Universidad Peruana Cayetano Heredia - Lima Peru</li> <li>• Universidad Mayor de San Marcos - Lima Peru</li> <li>• Universidad de Chile - Santiago de Chile - Chile</li> <li>• Universidad de la Sabana - Bogota - Colombia</li> <li>• Universidad Nacional Autónoma de Honduras/Medical School</li> <li>• Universidad Nacional de Asunción - Paraguay</li> <li>• Universidad de la República (Family and Community Medicine Department) - Uruguay</li> <li>• Universidad Nacional Autónoma de Nuevo León, Monterrey-Mexico</li> <li>• Universidad de Colima - Mexico</li> <li>• Universidad de Texas. San Antonio, Texas</li> <li>• Pontificia Universidad Católica del Ecuador</li> </ul>
Non Governmental Organizations (NGO)	<ul style="list-style-type: none"> <li>• University Foundation of Health Sciences - FUCS/Colombia</li> <li>• Missionary Association of Family Doctors/Argentina</li> <li>• University Foundation, Juan N. Corpas. Bogotá/Colombia</li> <li>• Hospital Italiano-Family Medicine Service/Argentina</li> </ul>
Governmental Institutions	<ul style="list-style-type: none"> <li>• Ministry of Social Protection/Colombia</li> <li>• Primary Health Department/Chile</li> <li>• Government Town Halls and Community Boards/Honduras</li> <li>• CONCACYT/Paraguay</li> <li>• Health Sciences Research Institute - IICS/Paraguay</li> <li>• Biomedical and Social Research Institute/Bolivia</li> <li>• National Health Institute/Mexico</li> <li>• Public Health Institute of Mexico/Cuernavaca</li> <li>• Public Health Institute PUCE Quito/Costa Rica</li> </ul>

From the 26 resulting bodies, 13 turned out to be universities, 10 governmental organizations and 4 non governmental. There was no data from 11 cases.

There was no report on exclusive in classroom training, there was a case of exercise training and 18 use both (classroom/exercise) and there was no data on 7 institutions.

Regarding the required profile to apply for a research scholarship, 16 entities require full time dedication and 7 needed previous training.

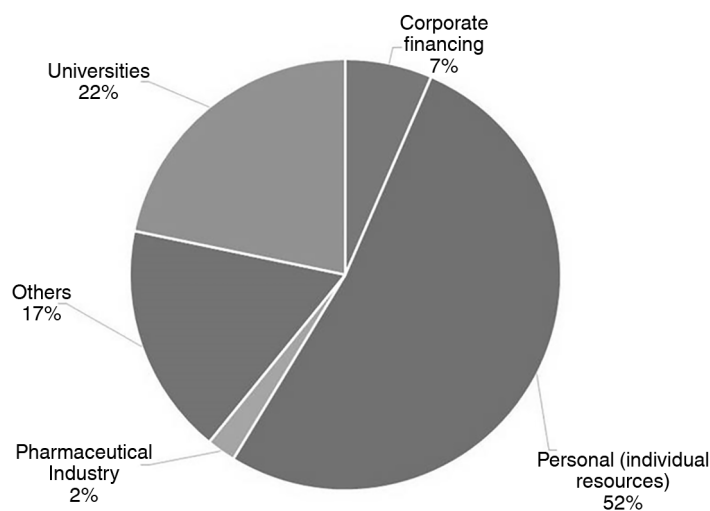


The Latin American movement of Young Family Doctors (Waynakay) which gathers specialists with up to 5 years of graduation and residents in their specialization, works on the coordination of scholarships in various institutions through CIMF member organizations and young family doctors organizations from other WONCA regions. This strong grants strategy has been described as a valuable resource for promoting and empowering specific training scholarships.

### Family Medicine research financing

Sixty professionals, mostly family physicians, were interviewed by means of a virtual tool with the objective of obtaining financing information, 77% of them reported experience in research, mostly as head researchers. The percentile 75 for seniority reached 15<sup>th</sup> (Range 1-39).

Most of the surveys were financed with researchers funds (Graphic 2). In the cases that an external financing source was identified, it was mainly from a private source of funds over the public ones. Universities accounted for 22% of the financing sources.



**Graphic 2.** Family and Community Medicine research financing in a non probabilistic sample of active researchers in Ibero America (n=60).

Most interviewed people did not know the research financing sources and 25% thought that there were legal obstacles to access it. The experience of financing funds management was qualitatively assessed. A minority expressed satisfaction towards the speed and simplicity of the procedures. In most of the cases barriers and difficulties were observed at different levels in this management: access (insufficient prioritization of primary care research), bureaucracy, taxes, management necessary time, delays in institutions pay out.

### Conclusions

Previous Summits have defined crucial strategies to strengthen research in different nations and in the region itself. Nevertheless, there is a need for advancing in the implementation of these actions, either as a region or individually as countries.

It is of the upmost importance then to assure communication and cooperation among countries in Ibero-America, by means of a common agenda, joining efforts and the development of a shared platform to disseminate information,

projects, resources, opportunities, methods and investigation techniques in Primary Care. IBIMEFA seems to be the essential resource to implement this strategy.

The presence of researchers working actively on the region's priority lines, has been identified as an important element in this survey. It reports on the coherence of family and community medicine researchers who investigate into priority issues and at the same time giving an initial and accurate qualification to the research being carried out in the area.

Another identified resource was the wide range of opportunities to get grants in different governmental and non governmental centers in the region. Universities are the main reference point in this respect.

Limitations to financing sources are obstacles overcome in an effort to boost FCM research in Ibero America. The intention of researching witnessed clearly by the predominant self financing as resources source in the region, has to go hand in hand with knowledge and competences acquisition in the search of funds. IBIMEFA Network can contribute greatly to power intrinsic resources in family and community medicine and its research associations while generating new spaces and resources for coordination and implementation. Improving investigation abilities will boost funds raising for knowledge production in FCM and primary care.

## Research Limitations

The most important weaknesses identified here are the non systematized data collection method, and the non probabilistic sampling, that limit inference results. Nonetheless, the high level of participation of people and countries in this group and the number of responses from representative people within FCM in each country can power data in spite of the identified flaws. Future can be designed to widen the scope of this research to the researchers universe or a representative sample.

Almost 60% of the interviewed professionals on the investigation lines to be prioritize were not active researchers at the moment. Having this in mind, the answers may reflect necessary lines in the region or topics where there is a need for a higher updating of knowledge in clinical practices which might or might not be solved with research. Despite this, the consistency between prioritized and active lines adds consistency to the results.

## Recommendations

1. Continue working to develop and strengthen the IBIMEFA network as a resource to integrate researchers within the region; identifying and building opportunities to train researchers and finance projects.
2. Keep the updating on the research situation in Ibero America active and forward looking.
3. Stablishing a regional formal researchers report with data that facilitates experience interchange, training and collaborative study research.
4. Continue identifying research priority lines with a careful call on FCM researchers and referent people in each country, Young FCM professionals and the community to enrich the list of priorities that has resulted from the first phase of this research.
5. Developing a financing management process with international representation with a consulting role for FCM researchers.
6. Promoting a more fluent dialogue from CIMF with universities and financing institutions as a way of contributing to the generation of opportunities in Ibero American Region to foster research in FCM.
7. Increasing resources and actions for communication and spreading within CIMF so as to favor a higher researcher integration and scientific production dissemination.

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